Thesis –

"Recurrent Insanity"

by

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The term 'recurrent', which is frequently employed in the nomenclature of mental diseases, is one to which different meanings may be attached. Thus, it may be made to embrace all cases in which there has been a previous or primary attack of insanity followed by recovery, or it may be restricted to cases belonging to a certain well-defined clinical type.

In Tuke's Dictionary of Psychological Medicine, the following definition of the term is given:—

"The term, 'recurrent,' is more specially applied to mania in those cases in which there are repeated returns of the attack. It may be applied also to melancholia." Further in defining the terms, "Recurrent Mania" and "Recurrent Melancholia" (pp. 761, 797) it is said that; 'Recurrent mania is the form of mania, indistinguishable in its symptoms from ordinary mental exaltation, which shows a tendency towards relapse, without, as in 'folie circulaire,' the intervention of some other mental disturbance.

And again, "Recurrent melancholia is the form

of mental depression, in which there is an irregular alternation of melancholic symptoms and recovery, extending over a great many years and resulting in most cases in permanent dementia."

The use of the term 'recurrent' would thus be restricted to cases conforming to a certain type, and this type is very clearly indicated by some authors. Bevan Lewis, in his 'Treatise on Mental Diseases, in describing Recurrent Insanity, says, after referring to the tendency to recur of all forms of insanity & the establishment of a 'labile equilibrium' in certain cases :- "By 'recurrent insanity' we mean a type of mental disturbance in which there is an establishment of this 'labile equilibrium'. Recurrence, with long intervals of repose, is not the characteristic of this type but rather the rapid succession of attacks, each followed by an apparent complete convalescence"

Other writers, again, would not appear to limit the application of the term to the cases indicated above. Thus Savage, in his 'Lectures on Mental Disease' pp. 166, 167, in treating of Recurrent Insanity writes as follows:-

"All cases which are not primary may be considered to belong to this section, that is all second, third, fourth and ultimate attacks." He makes his proviso that some cases, however, are truly second attacks, that is, that the patient has absolutely recovered from the attack and has been seized a second time. "More commonly", he says, "his second attack differs in its character from a primary attack and is really a relapse, not truly a second attack", and this he does on the following grounds:-

"(1) The second attack differs chiefly in the suddenness of the advent of the active symptoms, and as a rule by the absence of the melancholic stage.

(2) These attacks follow at all variations in the interval that has elapsed since the previous attack and between those cases of 'folie a Double forme', in which there is no interval of lucid mind and those cases with short lucid interval there is no appreciable difference and the former often merges into the other; and again between the case of lucid interval of a week and this

case in which it is a month no difference can be made; sometimes can there be in such cases, in which the lucid interval lasts two or three months. The latter case, and specially if the mind was very lucid, would be called a recovery, another recurrence a second attack month my need the cases being both same category, they are simple examples of ~~recurrent~~ chronic insanity."

"3. Still further in many of these cases even with lucid interval of months and years, there is generally something not quite correct left in the patients' mind, there is something peculiar, eccentric, changed from the former condition which intelligent friends can perceive."

"4. Another reason for considering these as simple cases of chronic insanity is that the course of these is the same, there progress is towards imbecility where they cannot be distinguished from other cases; though it is quite true that some of these ultimately recover, as do some cases of non-recurrent chronic insanity"

These views as to these cases which may be brought

under the category of 'recurrent insanity', have been thus fully quoted as the following observations have been made in patients suffering from a second or subsequent attack of insanity, irrespective of type of insanity, number of attacks or interval between the attacks. The term 'recurrent' will thus be used in a sense, synonymous with 'relapsed cases', the object being to make an analysis of cases admitted into the asylum for second or subsequent attacks, after apparent complete convalescence of sufficient duration, after a primary attack, to justify their discharge as recovered. The term used in this way will be found a convenient one for designating these cases, which, from many points of view constitute an interesting and important class, and at the same time a comparatively numerous one, of insane patients admitted to asylums.

The cases, upon which the following results are based, are 450 in number, admitted consecutively into the Bucks County Asylum at Stone near Aylesbury

Table showing Forms of Insanity, numbers admitted, with hereditary Predisposition, Recoveries, and deaths in 200 Male & 250 Female cases.

Form of Insanity	Males				Females			
	No admitted	H.P.	Recovered	Died	Admitted	H.P.	Recovered	Died
Congenital Imbecility and Idiocy	19	4	-	1	16	3	-	-
Congenital with Epilepsy	7	1	-	1	3	-	-	1
General Paralysis of Insane	13	1	-	10	8	-	-	7
Acute Mania	46	11	34	2	61	25	36	6
Chronic Mania	15	3	1	2	21	3	-	1
Acute Melancholia	14	2	6	4	32	10	23	5
Chronic Melancholia	8	3	3	2	3	-	2	-
Senile Mania	9	-	-	8	7	-	4	-
Senile Melancholia	1	-	-	1	1	1	1	-
Senile Dementia	10	1	-	7	6	-	-	3
Mania with Epilepsy	8	-	-	1	12	3	1	3
Organic Dementia	9	1	-	3	12	3	-	7
Primary Dementia	2	-	2	-	3	-	1	
Puerperal Mania	-	-	-	-	15	3	8	1
Total	161	27	46	42	200	51	76	34
Recurrent Mania	28	8	21	1	37	12	24	2
Recurrent Melancholia	11	1	7	-	13	4	7	1
Total	39	9	28	1	50	16	31	3

Table I

for the County of Buckingham, and covering a period of about 4 years ending March 1898, so that at the time of writing about a year has elapsed since the last admission. Of the 450 cases 200 were those of males & 250 those of females. In the 200 males admitted 39 were admitted for second or subsequent attacks and of the 250 females 50 were suffering from a second or subsequent attack; i.e. 19.5% of males and 20% of females were relapsed cases. This proportion is about the average which has occurred in county asylums of all cases admitted, or in other words every fifth patient has previously had an attack of insanity.

In making an analysis of the admissions, the large proportion of 26 males and 19 females were found to be suffering from congenital mental defect, amongst these 7 males and 3 females were Epileptics. The large preponderance female congenitals is noteworthy being at the rate of 13% of all male admissions or almost double that of the females 7.6%. This preponderance female

Conjunctival cases is in accordance with the observation of others, the disproportion here however being excessive.

It may be stated that in the County of Bucks, the greater number of phthisics are of the middle, and from them way to the County asylum, the proportion kept in Workhouses being small and there is no institution for that class of patient available except the asylum. It is also to be recorded that in Bucks Union Workhouses, female phthisics predominate being in the proportion of 3 : 2.

If we deduct these conjunctival cases from the admissions, we have 405 patients admitted, suffering from pulmonary phthisis while 89 (39 male 50 female) were relapsed cases. The ratio then of recurrent to primary cases would be 22·4 % for male & 21·2 % for females, — a slight excess in the number of males.

If we further take into account cases admitted, suffering from general paralysis, Epilepsy, organic disease of the brain, and senile dementia, we have left 134 males and 193 females suffering from recoverable forms of insanity and of these

39 males or 29·1% and 50 females or 35·8% were elapsed cases: the greater proportion of incurable cases in the men making the proportion of the recurrent male cases to the recoverable cases greater than in the case of females where the same factor does not operate to the same extent.

In passing, attention may be called to the comparatively small number of cases of general paralysis, viz 6·5% of all male admissions and 3·2% of females. This small proportion is most probably to be accounted for by a consideration of the source from which the patients are received, the county being largely agricultural with only one or two industrial centres of any size.

A consideration of these figures (see Table I) shows how large a proportion of presumably curable cases admitted into the asylum is made up of recurrent cases being 27·8% of the whole or rather more than one fourth.

Having indicated so far the importance of the

class of cases by reason of the large proportion which they bear to the curable cases committed into asylums, an endeavour will now be made to analyse further the bearing of the different causes at work in their causation, the influence of age and sex, the characteristics of mental disorder, its prognosis and treatment.

Sex and Age :- On examining the age Table (Table III), it is found that recurrent attacks are most frequent in the middle period of life and towards its decline.

Thus in the case of males, the two periods showing the greatest number of cases are from 45-50 years and 55-60 years age in each of which are found 7 and again from 65-70 there are 6 cases. From 35-70 there are as many as 30 cases out of the 39, 7 cases being between 25 and 35 years age, one case under 20 years and one over 70. The disease then is eminently one of middle life, when several causes come into operation to produce an attack frequently in persons who have at an

earlier period suffered from a primary attack,
e.g. the struggle for existence becomes more severe,
increased responsibilities in the care and upbringing
of family, reverses in business undertakings
and frequently decreasing powers to meet increasing
demands on the energy of the individual. These
causes as these, which we have examples in
the cases under consideration, are sufficient
to produce an attack of insanity in an individual,
whose mental equilibrium, unstable it may be
from inherited tendency, has been rendered
more so by a previous attack. Combined with
these also there may be found excessive
alcoholic indulgence, which in many cases
seems to precipitate the attack.

In the adolescent cases on the other hand
we meet with patients in whom there has
always been defective moral control, which
may be further weakened by vicious
indulgence, masturbation, and at times
alcoholic excess. In the four adolescent cases

Table showing insane relatives in the cases with hereditary predisposition

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	Males	Females	Total
Father	3	-	3
Father + sister	1	-	1
Father aunt + Cousin	-	1	1
Father Brother + sister	—	1	1
Mother	-	2	2
Mother + Brothers	-	2	2
Uncle	1	1	2
Aunt	-	3	3
Brother	-	4	4
Sisters	3	1	4
Cousin	-	1	1
grandfather	1	-	1
Total	9	16	25
Family history unascertained	32	48	80

Table II

Table showing age of patients in quinquennial periods at first attack & at present attack.

	Present Attacks			First attacks.		
Age	Males	Females	Total	Males	Females	Total
15-20	1	0	1	3	9	12
20-25	0	5	5	4	9	13
25-30	3	3	6	3	5	8
30-35	4	7	11	4	8	12
35-40	2	3	5	1	4	5
40-45	2	4	6	4	2	6
45-50	7	5	12	4	5	9
50-55	4	9	13	5	2	7
55-60	7	6	13	2	1	3
60-65	2	5	7	3	-	3
65-70	6	2	8	1	—	1
70-75	1	1	2	-	-	

Number present 39 Males 50 Females.
Age on first attack not known in 5 males 5 Females

Table III

which have come under observation me in other
of these facts was present, and notably in them
was found hereditary predisposition to insanity.

In the case of females again we find the
period from 40 to 55 years of age supplies 18 out
of the 50 cases. Over 55 we have 14 cases while
from 25 to 40 we have 13 cases.

In considering the incidence of age in the female
we have to take account of the child-bearing
and climacteric epochs which are both
important in producing attacks of insanity
more especially in cases, where there has
already existed mental weakness. In
the case of females an attack of insanity at
an earlier period of life, or following upon
childbirth, makes one look with foreboding
to the time when increased demands are
made upon her powers in the critical periods
of gestation and parturition, and again
later in life when the profound physiological
changes of the climacteric period take place

and hereditary factors upon the decadent period of life.

The adolescent period also furnishes a fair case, in which the features pointing heredity and defective mental organisation to begin with, play an important part.

Thus far we have considered the incidence of age in the recurrent attacks for which the patients were admitted to the asylum in this period under consideration, and the conclusion arrived at is that recurrent attacks are most prevalent at the middle period of life.

Age at first attack :- (see Table III.)

It is now proposed to consider the age at first attack in these same patients, which was ascertained in 34 of the males, and 45 females.

During the adolescent period (15-25) it is found that while 7 males had their first attack then, as many as 18 females had their primary attack at this period; a notably large preponderance of females. From 25-50 years of age not fund

16 men had their first attack, while from 50 to 65 there are 10 cases.

In the females from 25 to 40 years there are 17 cases and from 40 to 55 years (climacteric) there are 9 cases.

These figures point to the conclusion that in the case of females the initiation of recurrent attacks is more frequent in the early period than in the case of males; the early middle period (i.e. the period between adolescence and the climacteric) furnishes the largest proportion of cases; while in the case of both males and females a certain proportion of cases have their beginning in the climacteric period, amounting to rather more than 1/4 in males and 1/5 in females. An insignificant number has the first attack in old age.

Hereditary Predisposition to Insanity.

In considering the causation of the attacks the prominent place held by disease heredity is at once noted. (See Table II.)

In 32 of the male cases in which the family history was ascertained 9 (or 28.1%) were found to have insane relatives while in 48 females, where history was known 16 (33.3%) were noted as having hereditary predisposition to insanity.

In the case of the male the father was found to be the most frequently insane relative, while amongst females in women was more frequent.

Brothers and sisters were noted as insane in several cases and there have been taken as indicating insane inheritance.

In several of the female cases the number of insane relatives is not worthy. In one case, the patient who had her first attack in adolescence, was admitted for the second time relapsed, 3 years later. This patient's mother had an attack of insanity, one sister was a patient here at the age of 22 suffering from acute mania, and another sister at the age of 25 has been quite recently admitted suffering from puerperal mania.

In all these cases the patients have recovered.

comparing these figures with the whole plan admissions with hereditary predisposition (see Table I) we find 9 out of 36 male cases were recurrent, while in the case of females of 67 cases ascertained 16 were relapsed cases & almost one fourth of all hereditary cases were admitted for attacks – not the first.

These figures do not represent accurately the amount of hereditary insanity amongst the admissions as the difficulty in eliciting the facts of family history is very great but they serve at least to emphasize the fact that in these recurrent or relapsed cases a strong hereditary predisposition to insanity often exists.

Epilepsy was not ascertained to be frequent in the family history of the patients being present only in 2 males & 3 females. This in view of the opinion that certain recurrent cases are closely allied to the epilepsy and may indeed result in it, (cf. Sankey Lectures on Mental Disease p. 175) is rather remarkable. No

Case, so far as recurrent insanity ending in the epilepsy has come under my observation, although several cases of chronic insanity, in which epilepsy has supervened, have come under my care.

Alcoholic Excess:—

Of the other factors in the causation recurrent attacks, alcoholic excess holds a foremost place, and that more especially amongst the males. In 10 cases (male) it was found present as an exciting or predisposing cause in 25·6 %. while amongst the females it was ascertained only in 4 cases or 8 %. In the men it was found to exist at all ages, most cases being found in the adolescent, middle period, and climacteric patients, in females it was found only in cases at the climacteric. Here again the difficulty of appraising what actually amounts to alcoholic excess (in the opinion of the patients friends) was very great, several cases in which excess was denied, being after-

wards ascertained to be in great part due to this cause. The potency of this cause was however indubitable in many of the cases ascertained.

In 3 male patients who have been under asylum repeatedly for successive attacks, an attack of insanity was invariably preceded by a return to excessive alcoholic indulgence. The alcoholic indulgence in none of these cases may be looked upon as part of the attack, due to the defective self control which is so often present. The action of alcohol when freely indulged in still further reduces the inhibitory will-power of the patient, leading to further excesses and producing complete mental reduction.

In the case of a female, 55 years of age, in whom the first attack was due to long alcoholic excess, who was admitted in a condition of excited melancholia, with hallucinations and persecutory delusions, and showed well-marked peripheral neuritis

apparently complete recovery took place in ten months: She was discharged, returned to her drinking habits soon after, and was readmitted in four months with a second attack of a months duration. On this occasion the attack was worse and she now remains incurable after 15 months with little improvement in her mental condition.

Allied to the alcohol habit, we may here cite one case in which the morphia habit was present. The patient was admitted at the age of 47 for a second attack, the first having occurred at the age of 33. The morphia habit had existed for nine years from laudanum drinking. She was depressed, with ideas of persecution, and was very querulous and emotional. She improved and was discharged in 3 months relieved.

Masturbation was present in 3 of the female adolescents and was partly the exciting cause. In one chronic case with slow increasing mental enfeblement it was coincident with and lasted

through the acute stage of recurrent attacks, in combination with dirty & destructive habits. In one man admitted for the 15th time, masturbation was noted in the acute part of the attack along with dirty & depraved habits; and on this occasion the attack was more protracted than previous ones. Amongst the females in the case of young adolescents the habit was noted in some instances in which there were also erotic manifestations and 'hysterical' symptoms.

'Injury to the head' was noted in 3 cases only, - 2 males and 1 female. In the males, one was due to a blow, and the other to a fall from a height. One first case after a long lucid interval (13 years) was readmitted across the Atlantic (18 months) suffering from chronic mania with increasing mental enfeblement. There was also in this case some hereditary tendency, a sister being at present a patient, suffering from

Congenital imbecility with Epilepsy.

The other man (act 32.) fell from a load of hay on to his head, two attacks of insanity, (mental depression) followed with interval of two years and he has now been well for the past three years.

In the case of the female, the patient was thrown from a trap; showed signs of concussion of brain and spinal cord, paraplegia of short duration, followed by acute excitement. On first admission she was in a stuporous condition, gradually recovered and was well in 4 months. She only kept well for 5 months being readmitted relapsed at the monthly period. She was now acutely maniacal, and in this condition she has remained 10 months, being noisy and violent, destructive and depraved in habits, and showing no signs of any improvement in her condition.

Influenza :- accounts for four recurrent attacks. In two cases due to this cause the

patients were all over 45 years of age and mental depression was the feature of the attack.

Worry over family matters and pecuniary losses in business were predisposing & exciting causes in 4 males and 3 females.

The puerperal period accounts for 2 females lactation for one, and pregnancy for one.

Two married females had a recurrent attack coincident with mental illness of their husbands. In the one case, the patient whose husband has just died from General paralysis in this asylum, was admitted within a week of his death suffering from acute mania. She was 47 years of age, & had an attack 3 years previously. In the second case, the patient was admitted on the same day as her husband who was a general paralytic. She was 36 years of age, had an attack 10 years previously; worry on account of her husbands illness was supposed to be the cause of the recurrence.

In a third case, the patient (æt 26) became insane a few days after marriage, having had an attack 5 years before. Her husband has since been a patient here and appears to have congenital mental defect. All the females recovered in from 3 to 6 months.

To summarise briefly the results of the preceding analysis it is found that hereditary predisposition to insanity is very frequent in the family history of patients suffering from recurrent attacks; this tendency being present often also in the collateral branches (see Table II);
(b) The neurotic temperament is revealed in numerous instances, as shown by defective self control, this when combined with some exciting cause e.g. alcohol suffices to produce an attack of insanity.
(c) The middle period of life witnesses the greatest number of attacks, although in many cases the attacks were initiated in the early period.
(d) In the female gestation and parturition and the menopause are frequently the exciting causes

the latter more frequently than the two former.

(c) In male alcoholic excess alone or combined with other causes is one of the most potent factors.

Nature of the Attack :-

The character of the insanity is found to depend upon a variety of circumstances e.g. the exciting cause, the period of life at which it occurs. etc. The forms of insanity may be broadly divided into those which are characterised by mental exaltation & those in which mental depression is the chief feature.

In the male cases 28 had maniacal attacks, either simple exaltation or accompanied by delusions or hallucinations; while in 11 cases mental depression was present.

Of the females 37 were maniacal and 13 melancholic; i.e. rather over 2/3 of the total cases suffered from mania.

The melancholic cases were most frequent in the middle period of life. In the male over half were from 40-55 whereas females are more

larger proportion (9 out of 13). One male over 32 years of age and 1 female from 30-35.

Maniacal forms were more frequent and found prominently in the early part of life before 40 and again in the senile period.

It will be found more convenient to consider further the nature of the attack, taking the different periods or epochs in life successively; and giving illustrations from the cases which have come under observation.

Adolescent & Early period of life.

In the adolescent period there are found relatively more recurrent attacks among females than males. (see Table III.) The recurrent attack reproduces in its main features the characteristics of the primary attack: it is as a rule one of acute excitement; often great incoherence, and irritability; exalted ideas; restlessness and wakefulness are often present; aggressive & mischievous conduct; defective habits, with dirty and destructive & very frequently sexual perversions: the mind

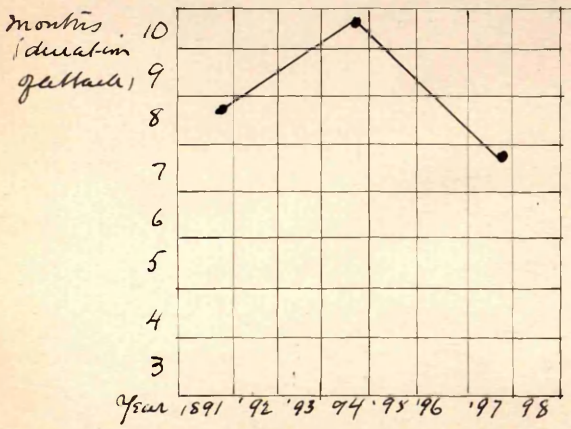
masturbation may be a prominent feature; in females, menstrual irregularity, and erotic manifestations: Ambitious ideas are often present exalted religious ideas.
In their course they follow the same road to recovery as primary cases; temporary improvement with subsequent relapse being usual before complete convalescence is established.

The establishment of periodicity or recurring attacks at this period of life is of bad omen as regards the future history of the patient; lapse into chronic insanity or persistence of the recurrent attacks throughout life being frequently the result. The successive attacks are most frequently due to the action of the same exciting causes.

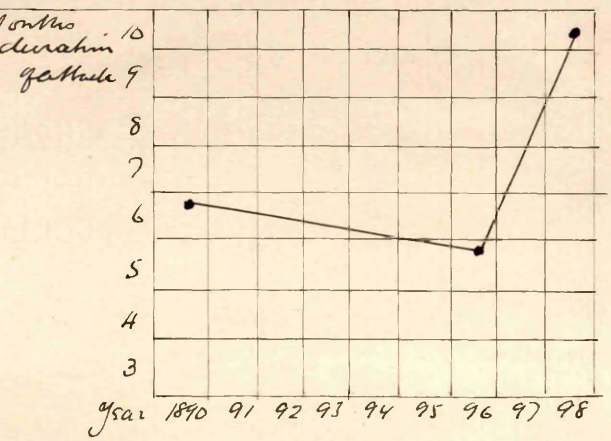
In illustration of recurrent attacks at this period the following cases have been selected from those under observation, and a short history is given of each attack.

The first case is that of a female admitted for

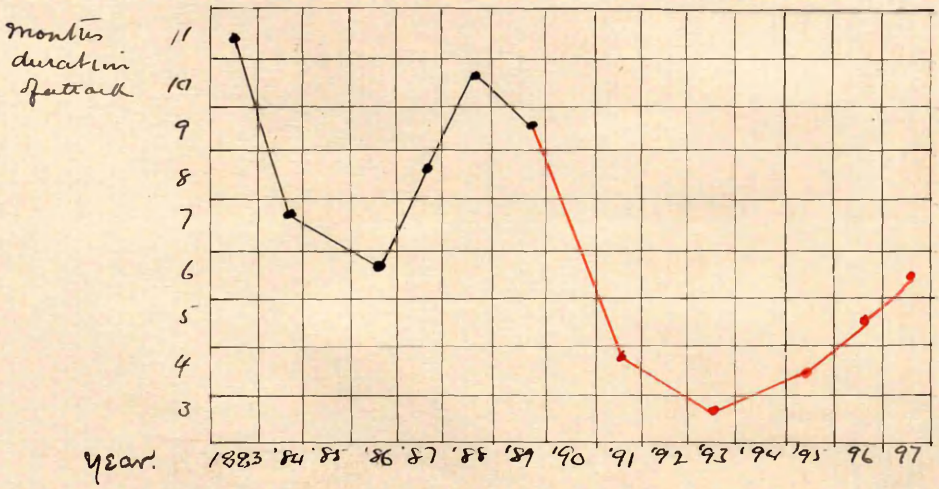
Chart showing number of attacks, duration and the years in which they occurred in adolescent cases of recurrent insanity



Isabella B—.
age on first attack 17.
number of attacks 3.



Annie Kate R.—
age on first attack 23
Number of attacks 3.



Jabez F—. age on first attack 17
number of attacks 7
Result – chronic recurrent insanity.
Red line indicates acute recurrences during residence

the third time at the age of 22.

Isabella B.— was admitted to the Bucks Asylum for the first time in Sept^r 1891. She was 17 years old, single domestic servant, suffering from acute mania of 3 weeks duration. N.P. moral insanity; exciting cause not known. She was very excited & maniacal, shouting incessantly, at times praying, taking off her clothes, using foul & disgusting language, dirty & depraved in habits. Menstruation had been absent for 2 months. In 2 months she was better but erotic in tendency, put-by-forward. She had some slight relapses. In 3 months she was free from excitement and at work, still silly and maniacal: menses were reestablished: she gradually improved & kept free from relapse was discharged recovered in May/92

Two years later (Feb/94) she was readmitted with a recurrent attack of 10 days duration. Three months before admission she was confined and this, with mental anxiety, was the assigned cause. She was acutely excited, threatening to kill herself and her baby & to stab her mother; she continued noisy & maniacal

destructive & depraved in habits for 9 months with elopi
tendencies, when she began to improve. Still maniacal
& flighty in conduct and impatient control; improvement
with many relapses followed and after being quite
well for 2 months was ultimately discharged recovered in
Dec. '94. A third attack occurred in a little
over 2 years and she was again admitted in Feb'97.
having been maniacal for a week. She was
very excited, using obscene language, sexual delusions
& perversion, dirty & depraved in her habits. Convalescence
was longer in being established and only four months
after admission is she noted as improved. Silly &
maniacal, terrible conduct continued for some time
afterwards but she finally became tidy & orderly
well conducted and so merited her discharge in Sept'97.

In this case there was probably some congenital
defect with total general self control. The early age
of first attack is noteworthy; also the occurrence of
pregnancy after her discharge, emphasising the
grave dangers to which such cases are exposed.

The prognosis in such a case is grave; her

occurrence of 3 attacks in a little over 5 years, dull
low mental development and neurotic family history
being elements which lead me to fear the recurrence
of future attacks.

Annie Kate R.—. aet 23 entered admission on Jan.7
1890. No occupation, family in comfortable circumstances
and patient of good education. N.P. mother insane:
in a stupor on admission, talking incoherently. Poorly
healthy rather feeble, constipation & amenorrhoea.
In about 6 weeks began to improve, menses re-
established in 3 months under appropriate treatment;
improvement maintained and she recovered July/90.
She remained well for 6 years when she was
again admitted relapsed March/96. At first
she was maniacal noisy incoherent & sleepless
later, dull stupid mildly demented, depraved
habits; maniacal attacks of hysterical nature
present at times. In the course of 4 months
she improved and was discharged well in July '96.

She was readmitted, relapsed, 2½ years later

in July, 98. Excitement in this occasion was marked by erotic conduct, depraved sexuality and hysterical symptoms and lasted until slept re-mission for 6 months. She was finally discharged in 10 months. In this case we have the characteristic symptoms puissant at the adolescent period; the later attacks reproducing to some extent the symptoms of the first.

(The duration attacks & intervals between the recurrences, are shown in Chart.)

Sarah K. act 21, domestic servant admitted Dec 5/92 for the first attack: no cause known, duration 2 months; patient was depressed about religion, was suicidal threatened to cut her throat and drown herself: physically badly nourished & anaemic. She was given liberal diet & Dr. Ferri, and in 3 months she was well and left the asylum (Her mother was insane 12 years previously after childbirth) She was admitted elapsed 3 years later April/96. 2 weeks duration; again suicidal, attack however was characterized by acute excitement, she was

dirty and destructive and showed depraved sexual habits: at times suicidal & homicidal: sedatives were required for his excitement, bromides chiefly being used. The excitement was rather prolonged but in 6 months she became much better, however she relapsed and had another prolonged attack before convalescence was finally established and she was discharged finally after 1 year's residence; she has now been well & stable over 2 years.

The prolonged duration after second attack is to be noted, and the fact that two younger sisters of the patient have also been suicidal in this asylum for first attacks.

Jabez F——. admitted for the first time in May 1883 at the age of 17. A carpenter's apprentice, N.P. on mother's side, an uncle has been insane: patient had convulsions in childhood, probable congenital mental defect, dull at school, unable to learn any situation, and a history of masturbation. He was excited and

maniacal, abusive and obscene, violent & aggressive. He soon improved, became quiet and industrious. A relapse occurred in July characterized by noisy, abusive excitement and depraved habits: he soon improved again and after nine months relapses was discharged recovered April 84

Was readmitted relapsed in 6 months suffering from a recurrent attack of the same character and after several relapses was discharged in 7 months. A third attack followed in 18 months, when the same symptoms were repeated. Four more attacks in the following years required his removal to the asylum from which he was discharged recovered after an average residence of 6-9 months. He was last admitted in 1891. and since then he has remained an inmate. During the last 8 years he has had frequent recurring attacks of acute maniacal excitement, characterized by noisy & obscene behaviour, filthy and destructive habits, and violent aggression; masturbation is

as a rule coincident with the attacks: in the intervals he is never quite well, showing some mental enfeeblement with hypochondriacal ideas as to his bodily health. His case is typical of recurrent insanity - initiating in the adolescent period and ending in chronic insanity with frequent maniacal outbreaks. (See chart for record of the case).

John W——. æt 18, a farm labourer, admitted for first attack of violent mania in Sept. 1887. No hereditary predisposition; his cause, said to be masturbation: he was very dull & stupid and took no interest in his surroundings; refused to work because he said his head was cut off, was defective in his habits: mistook the identity of people. On the course of a month he began to brighten up and went to work in the garden: improvement continued and he was discharged recovered in Jan. 1888.

He was readmitted nearly 2 years later Nov. 89

in a dull & depressed condition, with delusions of persecution, that he was followed, that his food was poisoned etc, he was emotional, crying without cause and very despondent about himself. In this condition he remained for about 4 months when he gradually became brighter and was well in 9 months from his admission:

His third readmission was as long as 8 years afterwards (Jan 4 98) he having kept very well in the interval. On this occasion he was acutely maniacal and had been so for many months. He was noisy and violent, dirty and depraved in his habits and destructive of his clothing, stripping himself. This excitement continued for 4 months when he became quieter, depressed and emaciated he then became comparatively well but very simple & feeble: this continued for 4 months when he again relapsed into maniacal with great excitement, dirty and depraved & destructive in his habits. This lasted for 6 weeks when he again became

free from excitement but remained very dull and simple minded. On this condition he remained with some slight improvement, until his discharge as relieved 14 months after admission.

Climacteric period of life:-

At this period of life is found by far the largest number of recurrent attacks. In a certain number the first of a series of attacks takes place at this time, but the majority of these cases, and more notably amongst the females had been first attacked at an earlier period (see Table III. age at first and on first attacks). In several of the cases, the recurrence at the climacteric has taken place after a long period of mental health, e.g. where the patient has had one or more attacks in the adolescent or early adult period. In other cases the periodicity established in the climacteric has been maintained into old age.

As to the nature of the attack the form of insanity as a general rule is that characteristic

of the period of life. Instead of the acute excitement and stupor which is of the early period of life the attack is characterised by depression & gloom, anxiety and restless foreboding, delusions of a distressing nature, and frequently having a religious colour. The recurrent attacks originating in this period are almost uniformly of this nature. In some cases with established recurrent maniacal attacks, the maniacal nature of the attack may persist, but more often with periods of emotional depression.

Suicidal tendency is a frequent occurrence, and the great bulk of the melancholic cases belong to this epoch.

The causes to which the attack is due are often complex, worry and mental anxiety, are frequently alleged, as a sequel to influenza attacks, and in some instances the presence of the alcohol habit.

The following cases have been selected as illustrating the variety of this period

Frederick F——. admitted for the first time in April 1897. at the age of 52. He was a painter by occupation, no hereditary predisposition, his duration of this attack was 3 months and his cause an attack of influenza. He was greatly depressed and seemed worried and anxious, and had threatened suicide. He had great distress of himself, said he could do no work, and while at home it was impossible to get him to leave the house or go to his work although he is a good artisan. At times he was very emotional crying and despondent, saying he would never get better. His bodily health was reduced, showed me signs of arterial degeneration & had 'arcus senilis'. He remained in this condition for 6 weeks, when he began to improve mentally, became more cheerful & worked at his trade, and continuing so he was discharged in June, 97. He only kept well however a short time being readmitted relapsed in September/97.

He had got on very well after his discharge until a week before re admission, when he again became depressed, said he had no confidence in himself and could not be persuaded to leave the house step to work. He had again also threatened to injure himself. After admission he soon improved and at the time of [illegible] was working industriously: he was still at times depressed and said he had no confidence in his ability to do his work. However he had no active relapse and was again discharged recovered in April 1898, and he has since kept steadily at work and been mentally quite well.

Henry I——. a shepherd, admitted for the first time in March 1882 at the age of 47. He had hereditary predisposition to insanity and a brother and sister were insane. The attack was one of acute melancholia with strong suicidal impulse, the patient having cut his throat with a knife before admission.

The duration was 2 weeks and no cause assigned. On his admission he was still somewhat depressed, denied all knowledge of how his throat was injured but at times he became quite cheerful & industrious working well on the farm. He kept free from relapse and was discharged recovered in 6 months.

He kept quite well for the long period of 15 yrs. when he relapsed at the age of 62. On this occasion he was again depressed and attempted suicide by hanging. From after admission he again appeared quite well and keeping free from relapse he was again sent out recovered.

A third attack occurred in August and he again attempted to hang himself, this time almost successfully. On admission he was quiet & cheerful & denied all knowledge of having attempted to injure himself. He goes towards recovery in the garden & has not since shown any suicidal tendency.

He is still an inmate (3 months). In this case the suicidal impulse was the prominent feature of the attack; no delusions or hallucinations could be ascertained to prompt the act which was apparently due to sudden impulse. The patient made recovery during absence of knowledge of having attempted self injury.

John E—— was first admitted in Oct/96 with an attack of melancholia of 6 months' duration; no hereditary predisposition, and he was steady & sober in habits. By occupation he was a small farmer, and the cause of the attack was supposed to be loss on his farm and pecuniary difficulties. He had been very low-spirited & threatened suicide. At first very dull and apathetic, despondent about himself and the prospects of his family (which was large) sleeping badly at night, he soon began to improve & as it was quite recovered in 2 months when he was discharged.

He only kept well for about 4 months when

he was again readmitted with his same symptoms.
Shortly after admission he again began to improve
became cheerful and went to work in the garden
and was discharged after 4 months' residence.
George H———. was first admitted in September
1878 suffering from subacute mania of 1 months'
duration. He had hereditary predisposition to
insanity a sister being insane. He was
an agricultural labourer, married, having
some alcoholic excess. He had exalted ideas,
thought he was a gentleman and had plenty
of money, would do no work: suspicious of
his wife and other people threatening to
injure them for which purpose he had
brandished a knife. After admission he
soon became calm lost his delusions, went
to work in the garden and was discharged
recovered in 3 months.

He kept well for 14 years when he was
readmitted at the age of 42. In the interval
he was in regular employment and was

steady in his habits: no cause was assigned for the attack. He was admitted in Oct. 1892, was somewhat excited, had suspicions of his wife when he had threatened as also his children. He soon became calm & rational and was discharged on probation a month after admission but returned in a gloomy and depressed state of mind, in which he continued for 2 months when he improved, became cheerful & more active & was discharged recovered in March/93.

He was admitted relapsed in June/93 being melancholic, refusing to speak, ideas of persecution, that he was going to be killed &c. In a month he was bright & free from delusions and was discharged well in 3 weeks from beginning of attack.

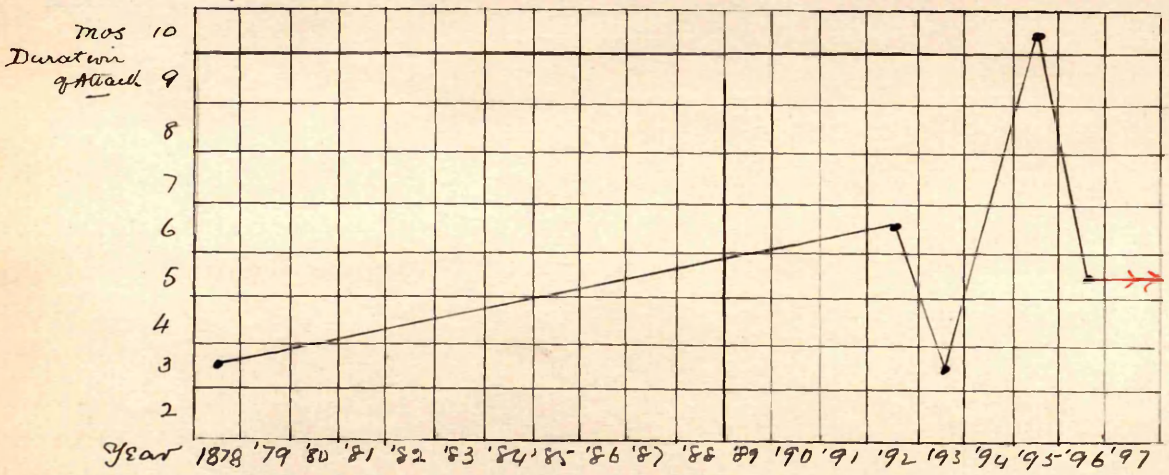
He kept well for 2 years when he again relapsed being readmitted in March 1895 with mania of 2 weeks duration. He was very excited had delusions, suspicion, that there was a conspiracy against him, that he was God's mes-

-ingen, st. He became free from excitement in a month and was out on probation in August. He however again relapsed and was not finally recovered until January 96.

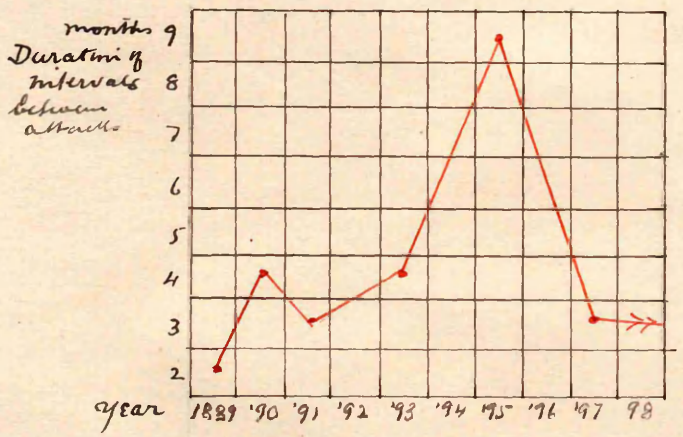
He remained out home until June/96 when he was admitted for his fifth time relapsed: he was noisy, violent, says he cannot eat or sleep attempted to cut his throat before admission. He remained depressed for about a month when he improved & became comparatively well. This was followed by relapse in another month and he has never completely recovered since. He gets comparatively well and goes to work, relapses however are frequent and he remains a patient (about 3 years).

In this case, the recurrence after a period of 14 years interval, followed by a succession attacks ~~of~~ noteworthy, also the mental condition in the later attacks, and the resulting dementia, are the chief features. (see chart)

Chart showing course of two cases with recurrence at the climacteric period.



(a) George H— age on first attack 28. 5 attacks, 5th attack to partial recovery only.



(b) Mary G— first attack in June '89
6 attacks of long duration and short intervals: resulting in Chronic recurrent insanity.

Mary G—— married Labourers wife was admitted for the first time in June 1889 at the age of 44. She was suffering from melancholia several months' duration, assigned cause being the change of life. She was very agitated, wringing her hands & crying: had attempted suicide by drowning. She improved after some days treatment and was well enough to be discharged in August. The menses were irregular and she suffered from neuralgia.

Three months later admitted relapsed, again melancholic, depressed & suicidal. She raved a good deal in her mental confusion, but at times fairly well: menses noted as very irregular. She was again discharged in August 1890.

Readmitted in December relapsed, depressed and with delusions that she was neglected by her husband, that he wished her dead &c. She had attempted suicide by strangling. She was very uncertain as to - was not until 9 months later that she was fit for discharge.

She was readmitted again 3 months later in December 91. She was more excited, Sunny [illegible] herself entirely talkative, and very easily upset, still had the same ideas about her husband. With frequent relapses she continued until Feb.y 1893 when after being well for 3 months she was again discharged.

She only kept well for 3 mos and was readmitted in a depressed suicidal condition, the duration of which was several months, she became gradually happier & more cheerful and ultimately passed through a manical stage. During this period, her menses were irregular and she had attacks of menorrhagia. She was discharged for the fourth time in June 95.

She kept well for 9 months when she was readmitted in a melancholic state with suicidal tendency and instinctual & hysterical symptoms. After temporary improvements she had frequent relapses but after several months volume elapsed she was considered recovered and discharged in August 97

she only kept well for 3 months and was re-
admitted in a maniacal condition in November
1897. The indefinite ideas about her husband and
family, was very excited, talking continually
and sleeping badly. In the course of two
months she was much better and free from
delusions. She still remained emotional and
very readily upset. She has since remained
a convalescent with frequent relapses
when she is very emotional, crying and
hysterical. She menses still continue
at irregular intervals and she suffers at
times from menorrhagia.

In this case the recurrent attacks originated
at the beginning of the climacteric period.
relapses were frequent and the intervals
short; an approach to alternation of maniacal
& melancholic symptoms is noticeable, the
latter however being more prominent.
No hereditary predisposition was present
more history of previous attacks at

Ann F. was first admitted in September 1876 suffering from her first attack of a mild duration. The cause was pregnancy and hereditary predisposition her mother having been insane. She was married age 35 and had 4 children, had previous three no sign puerperal. She was suffering from melancholia, greatly depressed, cried when spoken to, said she was not fit to live on account of her sins. She was very restless and agitated. The outward in this condition until her confinement which took place four months after admission. She then began to improve gradually and was finally discharged in October 1877. She was however admitted relapsed a month later, again melancholic, with delusions that her own misfortunes were very depressed and miserable. Two months afterwards she was noted as more composed and employed herself and continuing to improve was discharged recovered in Oct. 1878. She continued well for three years when

she again relapsed being admitted again in March 1881. She was vacant in appearance, restless at times, had religious delusions, and maniacal attacks at times violent and aggressive and using foul language. She threatened her daughter & also threatened suicide by drowning. In May she is noted as quiet & industrious and improving gradually was discharged recovered in September, 1881.

She remained well for the period of 13 years, being readmitted at the age of 53 in April, 1894 with melancholia of 3 months duration: She was very morose and despondent about herself, afraid to go out because she was watched by enemies. She remained dull and morose and would not be induced to do any thing; at times noisy and used bad language. In this condition she has remained for four years with no marked improvement. This case is noteworthy in that there was hereditary predisposition

that the first attack occurred during pregnancy; the only deviation from this attack practically 2 years following recovery and after the long lucid interval, with recurrence in the climacteric period and typical result of Chronic insanity.

Senile Period of life:

At this period of life we find that very few of the recurrent cases had their first attack, the great majority having had their first attack at an earlier epoch. The nature of this attack in typical cases is marked by great restlessness, rambling and incoherent talk, with much confusion of ideas; at times dirty habits are present and the patient is troublesome and mischievous. In addition in many of this class there is present some mental enfeeblement, in the intervals between the attacks and the hope of complete recovery is not good being under 50% as compared with 67% of all recurrent cases.

The following are illustrative cases:—

Francis H—— (æt 64.) was first admitted in June 1894. He was a widower, & a caretaker by occupation. No hereditary predisposition, the assigned cause of the attack was 'religious excitement'. The attack was sudden & purely 4 days duration. He was suicidal & threatened his daughters, stating them not of the house. He was excited in manner, repeating passages from Scripture, saying 'he was the Deity and was above the Queen.' He was asthenic plethoric man, with marked 'arcus senilis' and arterial degeneration. He remained in this condition for a week & then became free from excitement. In July he was quiet and coherent although somewhat simple and confused and he was discharged recovered in two months from admission.

He remained well for two years and was readmitted in August 1896 at the age of 66 from a recurrent attack of 1 Months duration. He was very excited and restless and sleeping

very badly. Had exalted delusions, sometimes was very rich etc, at other times mistrusted & crying saying he had lost his wealth; had an antipathy to his daughters and threw things at them.

He became quiet & free from delusions in the course of 10 days and during the four relapse was discharged in September.

He only kept well for two months and was readmitted relapsed in November 1890, with an attack of 3 days duration. He was rambling & incoherent saying he had borrowed large sums of money and could not pay. He talked incessantly, and accused his daughters of injuring him in various ways.

In the course of 10 days he was free from excitement, delusions less prominent but he remained very simple-minded and emotional and his memory was very deficient.

Thus he continued until March 1891, when he again became restless and talkative and more irritable. In april, he had an attack

of paralysis, due most probably to cerebral hemorrhage causing left sided hemiplegia. He became bedridden & died from exhaustion in September, 1897.

John F——. Married, 52 on first attack, a chairbolster, was first admitted in May/82. from an attack of 2 weeks duration. He was not suicidal nor dangerous. Had delusions of suspicion and had threatened his wife. He became gradually quiet and lost his delusions in about 6 months and was discharged well two months later.

His second attack occurred 13 years later at his age of 65. He was readmitted in May, 1895, suffering from mania of 1 months duration. At home he had been noisy, sleeping and singing, very mischievous, breaking his furniture, barricading himself up in his room. He remained noisy and rambling in his talk and very excited, without any pronounced delusions, for 2 months after

admission when he became quieter & gradually recovered (discharged in August, 95.)

He kept very well until January 1898 when he was readmitted relapsed at age 68 the duration was 1 month another symptoms similar to the previous attack. He became less excited in the course of a month, but remained very garrulous and simple minded with a good deal of mental confusion, and so he continues. (Now very aged since admission.)

Alcoholic Excess :-

In several cases this factor was the chief in the production of an attack. In these cases the onset was as a rule sudden, and the attack acute, excitement being great, hallucinations of sight and hearing present, delusions sometimes exalted, in other cases of suspicion and persecution. Suicidal impulse was frequent, and dangerous aggression was also commonly present.

In some of the cases in which the attack was more prolonged, the symptoms were similar to those found in chronic alcoholism.

The following cases are illustrative:-

Harry W. — aet 48, retired builder was first admitted in January 95, with an attack of acute mania due to excessive drinking, the duration being 4 days. No hereditary predisposition. He was very excited and wild in conduct, violent to all those with whom he came in contact. Had hallucinations and delusions. He said he saw lights shining through the room and piercing him; and then he was Jesus Christ and was being crucified. He was very restless and slept little. In a week from admission he was much quieter and soon became quite well being discharged in a month from admission.

He kept well for 3 years, when he again relapsed having in the interval resumed his drinking habits.

He was admitted for his second attack in February 1898 at the age of 51. The duration of the attack was 4 days. He was very excited, noisy and incoherent, had delusions & hallucinations said that some one wants to shoot him, that certain people around him were dead etc. He continued very noisy, wet & dirty in habits and smashed some ideas for a fortnight, and during this time he slept badly and took his food badly. Occasional sedative treatment was necessary, and he was given Chloral 8r. 25 at bedtime on 3 occasions. At the end of a fortnight he began to improve, became free from excitement and was discharged in 6 weeks from time of admission. He has now been well for two years.

Edmund N—— was first admitted at his age of 44 in November 1894. He had been very intemperate in his habits for years. Two years before admission he had cut his throat and on that occasion he was sent to Prison for attempted suicide. No hereditary predisposition to insanity

the attack for which he was admitted was of 6 months duration and during this time he had been very depressed. He attempted suicide by knocking his head with a large stone and produced a large wound on his forehead. This he did a week before admission. He had delusions of suspicion; he said he was followed about and that he was accused of tampering with children' He complained of pain & peculiar sensations in his head. His bodily health was rather feeble. He improved under kind treatment, and was free from delusions in two months, he still however was depressed in spirits, dull and apathetic. He went to work with his carpenter, gradually but much by became active & industrious and was recovered 11 months after admission.

He relapsed in 18 months from the same cause and he was readmitted in July 1897.

He was again depressed & suicidal as they for some time, had delusions of persecution, be-

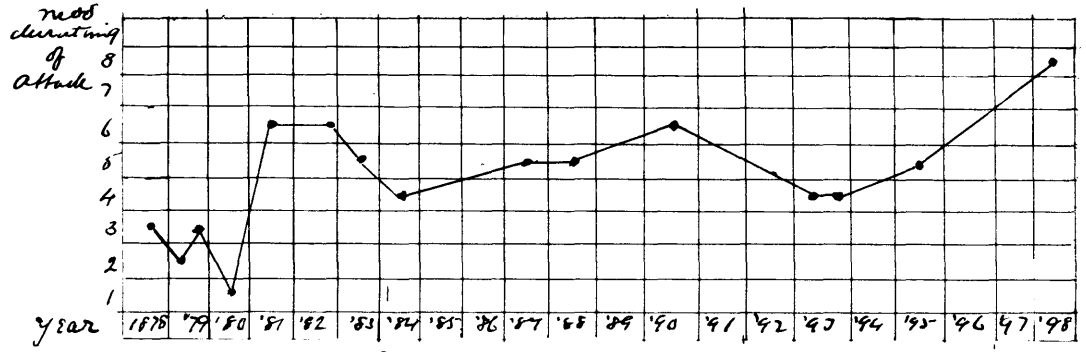
showed that he was followed by the police &c.
In the course of a month he so far improved that he went to work, but was still muddly depressed, and complaining of giddiness and headache. He gradually became more cheerful & worked well and was discharged 18 months after admission as "relieved".
In this attack his recovery could not be regarded as complete, as he remained somewhat slow and stupid and showed loss of memory to some extent.

Ellen S——, (æt. 53) a widow, was first admitted in December 1896 suffering from melancholia of 3 months duration. The cause was alcoholic excess, combined with worry over some money & property which had been left her and about which she had difficulties with her relations. She was suicidal having attempted to strangle herself and she was also violent & aggressive.
She was very agitated on admission, groaning & rocking herself to & fro, saying "What will I do?

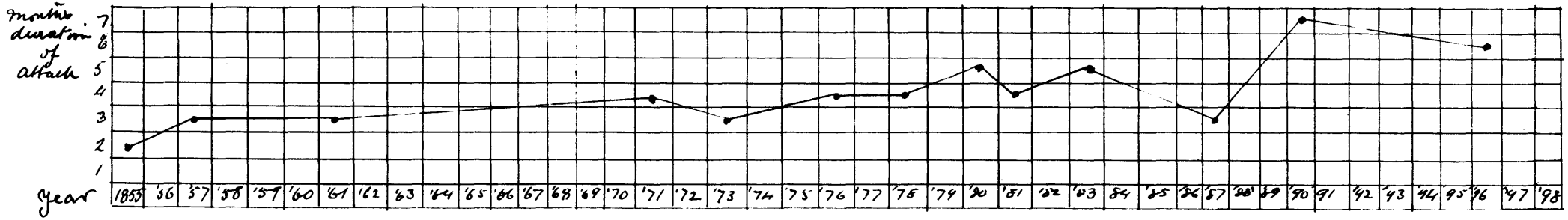
I have lost everything, She continued very depressed and did not sleep at night. Improvement followed on giving Liq Opii sedat. M. 25 thrice daily, and she became more calm and began to engage in work in the ward. The attack however did not completely pass off until 10 months after admission when she was sent out recovered.

She was readmitted in March 1898 having relapsed a month previously, the relapse being caused by a return to her drinking habits. On this occasion she was very depressed, talking continually, had hallucinations, seeing strange people and rats and dogs in her room. She was very much perturbed, screaming at times and apparently much frightened. In the course of a month the acute symptoms passed off but she still remains an inmate, being depressed, and believing persecutory delusions, that her food is poisoned etc.

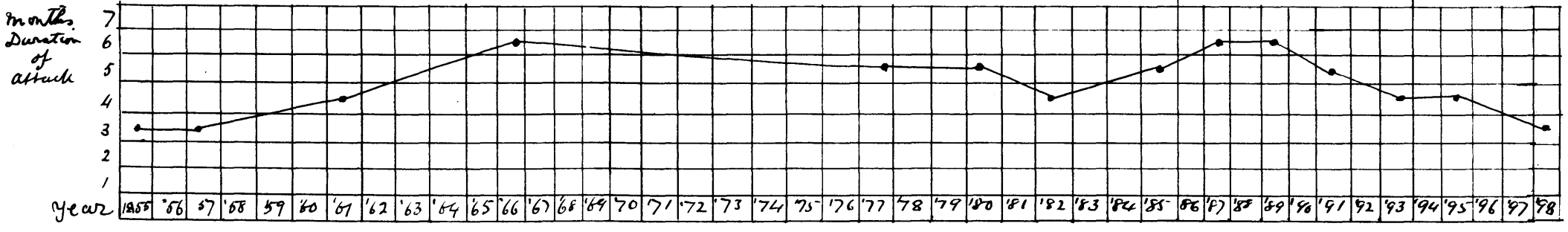
Chart, showing number of attacks the duration of each, and the years in which they occurred.



(a) Thomas G— age in first attack 35.
Number of attacks – 15 in 20 years



(b) Martha H— age in first attack 26, number of attacks 13 in 41 years.



(c) Louisa F—. age in first attack 22, number of attacks 14 in 43 years.

The three cases, whose history as regards the attacks of insanity is shown in the accompanying chart, are examples of recurrent mania, characterised by a large number of attacks, requiring treatment in an asylum, complete recovery taking place and the patient being able to do his (or her) work satisfactorily in the interval.

The first case is that of a male, Thomas G— who was admitted for his first attack at the age of 30. He was a barber by trade, addicted to alcohol which was the exciting cause, an hereditary predisposition his father having been insane and committed suicide. The duration of the attack on admission (in May, 1878) was two months, his most patients. On admission he was very excited, using foul & obscene language: he had exalted ideas, saying that he was the son of the Duke of Brittany & am &c. On account he was quieter, free from excitement, went to work and was discharged recovered in a month. He had two similar attacks in the following year, the most being much more sudden

He had one attack in each of the following years until 1884, each being sudden in onset, acute in character and preceded or accompanied by excessive drinking. From 1884 until 1887 he remained well, but relapsed in the latter year at the age of 44. He had an attack in the following year 1888 and one in 1890. Two attacks followed in 1893, one in 1895, and he was admitted again in January 1898. In his intervals he worked steadily at his business, usually keeping sober in his habits until before his attack. The last attack was the most prolonged lasting for eight months: during this time he had 3 distinct relapses. Two months after admission he was quite well & was to have left the asylum, but he relapsed two days before his friends were to have removed him. Two relapses followed subsequent partial recoveries and he was not well enough to be discharged until Sept^r 1898.

The points of interest in this case are, apart from the number of attacks, the insane heredity of the patient, his alcohol habit, and his tendency to relapse at

very short intervals which was present in her last attack. She has kept well & steadily followed her work since discharge.

The next case is that of a female whose two first attacks followed the birth of her two first children. She had hereditary predisposition to insanity, her mother and a brother having been insane.

Martha St —— married, wife of a labourer was first admitted at the age of 26 with an attack of puerperal insanity 28 days duration and 14 days after her first confinement. She was very excited, violent and suicidal, and had religious delusions; she recovered and was sent out in 3 months.

Two years later, after birth of another child, she had a similar attack which lasted about 3 months. Four years later she was again admitted: after her third child she had kept well and this third attack occurred during lactation, 8 months after the birth of her fourth child and at the age of 32.

She now kept well for nearly 10 years and had no relapse until age of 42, Early climacteric

period when she was readmitted for an attack of mania which lasted four months in January 1871. She had successive attacks at intervals of about 2 years until 1883. Thereafter the intervals were longer and she had an attack in 1887, one in 1893 and was last admitted in April 1896.

During his attack she suffered from subacute mania, with delusions and hallucinations. She dressed fantastically, decking herself out with ribbons, said the Queen was coming to see her, etc. She said she could see his devil, and before admission used to get about the house at night hunting him with a stick. She was very garrulous and rambling in her talk, and did not sleep well. In May she had an attack of bronchitis. She remained rambling in her talk & very maniacal in manner & had ideas for four months after admission when she began to improve. Thereafter she was childish & simple minded and at times maniacal. She was finally discharged in September 1896. At time of her discharge

she still showed considerable mental infeeblement, but has kept comparatively well and able to look after her household work.

In this case the first attacks were coincident with the puerperal period: after a long interval a recurrence of attacks occurred at the climacteric and in the decline of life, the attacks, which were less acute, were at longer intervals.

The third case is that of a single female, the attacks beginning in the adolescent period.

Louisa F——, a domestic servant, was first admitted in May 1855, with a first attack of 1 weeks duration. Her mother died insane and a brother was a chronic insane patient. She [illegible] was 22 years old when first attacked, the cause assigned being "harsh treatment by her father." The attack was maniacal in character and she had religious delusions "of [illegible] to bear the sins of the world." After one other slight relapse she recovered in 3 months. In September 1857 she had a second attack similar in character

A third attack in May '61, was followed by two slight relapses at home, and she was admitted for the fourth time in 1866 with an attack which lasted 6 months. She then kept well for 11 years until the climacteric period when at the age of 54 she had another recurrent attack.
This attack was characterised by delusions of suspicion, she was excited, had the delusion that there was a conspiracy against her, she was restless and insistent and unable to do any work. The attack lasted 5 months and since then she has had relapses every two or three years, - 10 attacks in a period of 21 years.
She was last admitted in February 1898, at the age of 65 with an attack of 3 weeks duration. She was very excited, irrational in her talk, laughing immoderately and was impudent & impertinent; when well behaved very respectful. She had wandered about the house at night and slept little. In the course of 3 weeks, the acute excitement passed off, she slept well at night, but was irrational & slipshod. She went to work like a lunatic, and recovered in 3 months.

In this case after recurrent attacks in adolescence there is a long interval with a recurrence again at the climacteric and at regular intervals since.

It is interesting to consider the aggregate of the attacks in these 3 cases. In the case of the male, we find that it is 5 years and 9 months in a period of twenty years, most of which was spent in the asylum, and in the case of the females, where the period was 40 years respectively 4½ years and 5¼ years.

The practical bearing of these cases is apparent. The frequent attacks and consequent removal to an asylum must be very prejudicial to the material interests of the patient; and this would be much greater in the case of persons of superior social status or holding responsible appointments.

The short histories of the illustrative cases (which are more in the nature of outlines to indicate character and course of the mental affection) have to some extent indicated the main features of the different types of recurrent insanity. It remains still to

analyse further, the frequency and character of morbid impulse another frequency and types of mental perversion, delusions & hallucinations present in her cases considered.

The importance of the presence of suicidal and homicidal impulse is very great, not only from the view of treatment and supervision while in the asylum but when after recovery the responsibility of sending them out again into the world, has been taken.

The suicidal tendency was noted in 12 or 30.7% of males and in 15 or 38% of the females. In several determined attempts at self destruction had been made before admission. The tendency was confined mostly to patients of middle age, with melancholic symptoms or dementia with depressing or persecutory delusions. As to the age at which it occurred all were the exception of 2 males and 4 females were over 40 years. In two of the cases under 40 it was associated with alcoholic excess. In one male case

when his first attack occurred at age [47], following two subsequent attacks, the attempt preceded each admission and appeared to be due to sudden & uncontrollable impulse, the patient having denied all knowledge of the act afterwards, & having appeared to forget the circumstances of the attempt. The risk attached to the discharge of such cases when they recover must always be great.

Homicidal impulse or violent aggressive conduct was present 40·6% of the male cases and 36% of the females. In many of these this was due to the violent excitement & irritability of control, or to the delusions of the patients. The danger from some of these cases is great, a danger which is much increased by the often sudden & unforeseen character of the outbreak. Fortunately there is no serious casualty to record in the cases under observation.

Delusions were noted in a large proportion of the cases, [66·6% of males 50% of females].

These characters varied with the mental

conditions that patient, period of life, and exciting cause of attack. In two majority of the maniacal cases they were of an exalted character; in young adolescents, egoism, exalted ideas of their capabilities were present, combined with a forward and impudent bearing. In one or two cases complicated with vice of masturbation, hypochondriacal delusions prevailed.

In the alcoholic cases in about one half exalted delusions were present, in the others persecutory ideas, e.g. that they were followed by people, were accused of crimes etc. In two of the alcoholic cases persistent delusions of poison being put in their food were present. In the chronic period, persecutory ideas and delusions of suspicion were the most frequent, e.g. delusion of unfaithfulness on the part of husband was found in three females.

Religious delusions were noted in many of the melancholic cases and in some of the adolescent cases.

Hallucinations were relatively infrequent

being noted in 17.9% females & 16% females.
These were either visual or auditory and in
some cases both were present together. They
were present in the acute stage of the attack
and disappeared early as a rule in the cases
that recovered. Cases complicated by the alcoholic
habit accounted for a large proportion of them.
In one alcoholic case, the patient called me the
devil who visited him at night, another used
bright lights which "pierced him through & through"
the chief female patient, has all her actions
directed by a "voice from God" which she hears
at night.

Prognosis:-

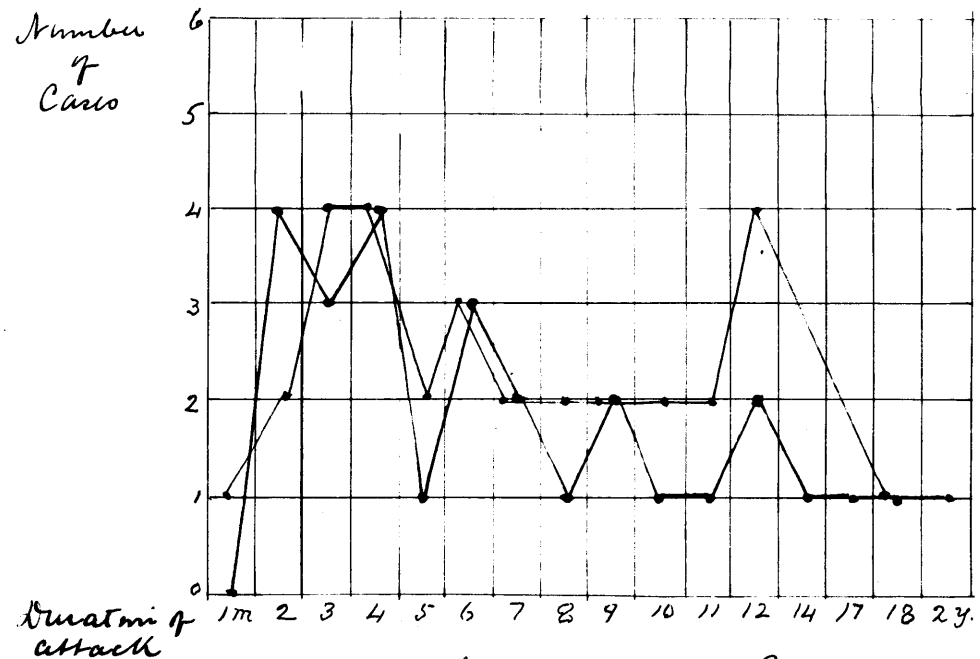
The prognosis in these cases, as far as the result of
present attacks is concerned, is good, as many
as 28 men (or 71.8%) recovered, while amongst
the females recovery took place in 31 or 62%
of the cases. The recovery rate in the male is
thus much higher ~~in~~ than that of the females
and is accounted for by the greater proportion

Table showing admissions, relieved, recovered Chronic, and died. with number of attacks. —

Patients	Males					Females				
who have had	admitted	Recovered	Relieved	Chronic	Died	admitted	Recovered	Relieved	Chronic	Died
1 Previous attack	24	19	1	4	-	29	20	2	6	1
2 "	6	3	1	1	1	9	6	1	2	-
3 "	2	1	1	-	-	4	2	1	1	-
4 "	2	1	-	1	-	2	-	1	1	-
5 "	1	-	-	1	-	2	-	-	1	1
12 "	-	-	-	-	-	2	2	-	-	-
13 "	1	1	-	-	-	1	1	-	-	-
14 "	1	1	-	-	-	-	-	-	-	-
several "	2	2	-	-	-	1	-	-	-	1
Total	39	28	3	7	1	50	31	5	11	3

Table IV.

Chart of Recoveries in Recurrent Insanity (89 Cases)



Black line Males 39 Cases
Red line Females 50 "

Results.

	Recovered	Relieved	Died	Chronic
Male	28	3	1	7
Female	31	5	3	11

of females, suffering from climacteric insanity, who do not recover.

The numbers of patients who did not recover were 11 males and 19 females. Of these 1 man died 2 woman died. In the case of the male the cause of death was Exhaustion following cerebral hemorrhage and in the females the death was due to apoplexy, the others to diarrhoea. In all the deaths the age of the patients was over 60 years.

This leaves 10 chronic male patients of whom 3 were discharged 'relieved' and 10 females of whom 5 were sent out as partial recoveries.

The climacteric insanity periods were those in which the great majority of the chronic cases were found, in 3 only was the age of the patient under 35 years.

The number of partial recoveries is relatively large and should include those cases which still remain under observation. In these cases the patients show a greater or less degree

mental impoverishment.

In the case of the deaths which form the number hardly permit of any generalisation, it is to be noted that they were due to causes, in which acute degeneration of the tissues was an important factor. They also emphasise the fact that death from exhaustion in the acute stage of a recurrent attack must be rare. In only one case which has come under my care, has death been due to the exhaustion following upon maniacal excitement. In this case the patient who was suffering from acute maniacal excitement in a recurrent attack, two years after the first, died from exhaustion in 17 days. She was 35 years of age, was very stout & flabby and after death was found to have fatty degeneration of the heart.

In the chart previously accompanying this paper, giving the duration of the attack, it is found that 11 female sex were well by the fourth month and by the sixth month one-half of the cases were recovered. After the sixth month

there were no two recoveries at each month up to the twelfth month. Here it is to be noted that 4 females were recovered at this period; three of these were prolonged chronic cases with symptoms of depression and delusions of persecution. Three males and one female were recovered in periods beyond one up to 18 months and one male recovered in 2 years.

Of patients with one previous attack we find that 19 recovered out of 24 males and 20 out of 29 females. Nearly half males with third attack and 2/3 of the females recovered, and about the same proportion with fourth attack.

That a large proportion of recurrent cases which are admitted to asylums ultimately become chronic inmates, is thus apparent and, as bearing upon the prognosis of recurrent cases an analysis has been made of the patients at present (April 1899) in this asylum suffering from recurrent attacks and admitted for attacks not the first.

In the 505 patients (220 male 285 female) in the asylum at this time 21 male or 9.5% and 33 female or 11.5 per cent were recurrent cases, or altogether over 10 per cent of all cases.

The facts as to number of attacks, length of residence and present mental condition can be best seen by arranging them in tabular form.

	Male	Female	Total
1 previous attack	12	19	31
2 " "	4	4	8
3 " "	3	5	8
4 " "	1	1	2
5 " "	-	2	2
6 " "	1	-	1
several " "	-	2	2
	21	33	54

Length of residence.

	Male	Female	Total
Periods up to 1 year	3	6	9
" 2 "	3	4	7
" 3 "	2	5	7
" 4 "	4	5	9
" 5 "	2	4	6
Over 5 "	7	9	16

Mental condition.

	MALE	FEMALE	TOTAL
Dementia	6	7	13
Chronic mania	6	6	12
" melancholia	2	5	7
Recurrent attacks	7	15	22

Of these cases 2 males and 3 females will probably recover, leaving 49 chronic patients of this class. It will be seen that more than half have had only one previous attack which fact indicates the tendency of recurrent attacks to end in chronic insanity. A large proportion maintain the periodicity in their recurrence from acute attacks

the intervals of comparative convalescence being more or less regular and complete in their occurrence. The chief characteristics of his mental condition are as indicated in the Table.

Treatment:—

With regard to treatment there is but little of a special nature, requiring notice, this following in the same lines as in primary attacks.

The bodily condition of the patient was considered to be first instance. In the majority of the patients this was good, the most frequent condition requiring attention, being malnutrition, especially in the older cases and in patients with acute depression. In these in addition to increased diet, consisting of such assimilable foods, eg. milk, eggs, custards etc. given at frequent intervals, Cod liver oil was found useful in restoring the patients bodily condition, another combined with Iron & Soy choice extract from Castnes Syrup was most frequently prescribed.

Constipation was a condition found present very frequently and required treatment, to clear the bowel by an aperient, Castor oil, Magnesium Sulphate, or Calomel, which was very useful in cases where the patient refused medicine, was adopted as a preliminary and compel a motion to the bowels afterwards was attended with good results both as to the patients body and mental condition.

Rheumatism when present was treated successfully by attention to the body health, Iron and arsenic, being found the most useful medicinally.

When found to the mental condition prolonged & severe excitement restlessness, or profound depression and insomnia were the conditions which had most frequently to be treated. In the treatment per citement Opium morphia gtt. from was found most frequently useful. Liquor opii sedativus in 30 minim doses and hyperi hydrobrom. were the

preparations chiefly used. These were found most useful in patients of middle and advanced life. Bromide of Potassium alone or form with Tinct. Cannabis Indic. was more frequently employed in the case of patients in the adolescent period. In most cases where sleeplessness, apart from excitement, was the chief symptom an occasional draught of Chloral hydrate or paraldehyd was employed with beneficial results. Sulphonal as an occasional dose (30grs) was found useful for the same purpose.

The effect of medicinal treatment by narcotics or hypnotics on the course of the attack was however problematical, and unless absolutely called for by other symptoms they were not employed.

In many of the patients refusal of food was present. They were in most cases induced to take sufficient only in 3 cases, 1 male and 2 females requiring forcible feeding and that for only a few times.

Apart from medicinal treatment, reliance was placed upon plenty of exercise in the open air, and when the condition of the patient permitted, engaging in some work of recreation. Avoidance of excitement and separation from noxious excitable chronic cases where this was possible, helped to enable the patient to recover his mental balance.

The association with such cases in the observation ward was found to increase the excitability of the patient and prolong the attack.

Special attention was given to the diet and when his patient's condition demanded it e.g. was in receipt from outside excitement, plenty of easily assimilable food, e.g. milk, eggs, custards were given at frequent intervals.

Alcohol was seldom required and was only given in cases with threatening exhaustion.

As to the measures to be adopted to prevent recurrences, some of the following suggestions, e.g. the patient's life should be given

and orderly; the avoidance of excitement and worry, and also of alcoholic excess; and efforts should be directed to the increase of the well-proven influence. The comparative freedom from acute attacks enjoyed by many patients while under asylum supervision, with the sudden relapse when discharged and thrown upon their own resources, and free from all restraint, emphasise the importance of these points.

From a consideration of the facts that have been cited, the following conclusions, amongst others may be formulated:—

(1) That recurrent cases form a large proportion of the curable cases admitted into asylums.

(2) That in these cases hereditary predisposition to insanity, often very well-marked, is present in a greater number than in primary attacks.

(3) That alcoholic or other excess is a frequent factor in the causation of relapses in persons predisposed.

(4) That in cases of early life, menstrual irregularity

in the female, and masturbation in the male are frequently present, as causes or consequences of the attack.

(5) That the puerperal period and the period of gestation and lactation account for a number of female recurrent attacks.

(6) That the climacteric period in both sexes is a powerful predisposing or exciting cause.

(7) That the majority of the attacks occur in middle life, the first attack however is more frequent in the adolescent period and is later in males than females.

(8) That the prevailing forms of attack are maniacal, melancholic forms being almost restricted to the climacteric period of life.

(9) That the tendency is towards recovery, many relapses being frequent before complete convalescence.

(10) That mental attacks form the largest proportion of chronic cases.

(11) That in many of the cases a certain periodicity is established, the tendency however being towards

chronic insanity, the attacks more prolonged & the intervals of convalescence less complete.

(12) That this periodicity is maintained in many of the chronic cases.

(13) That this class of patients furnishes many who are dangerous to themselves and others, a danger which is increased by the impulsive character of their acts and the frequent absence of premonitory symptoms before the onset of the attack.

In preparing this Thesis I have to acknowledge my indebtedness to the Case-books of the asylum for the previous history of many of the patients, who came under observation for their present attacks during the period which has been selected, viz the four years ending March 1898.

Hayes Newington